of SSRI therapy in PCP settings. Eligible depressed patients were randomized to treatment (N = 601) and naturalistically followed for 9 months. Medication use was determined by self-report questionnaire. Adequate treatment was defined as six months continuous medication. Clinical response was determined by use of the SCL-20. Patients were classified as achieving remission (score ≤6), partial response (50% decrease in symptoms), or non-response. Baseline and end-of-study depression severity and functioning were compared between groups defined by response and treatment classifications.
RESULTS: Clinical response in this setting was less than optimal with 45% of adequately treated patients classified as non-responders. For remitters and partial responders, the greatest decreases in depression severity were by the third month. Partial responders had greater depression severity and lower functioning at baseline and more severe depression and lower level of functioning than remitters at the 9-month evaluation.
CONCLUSIONS: A substantial number of patients were classified as non-responders despite adequate treatment for six months. These patients may be considered undertreated according to treatment guidelines recommending dose increases or medication switches for non-responders. Partial responders are often considered clinically improved in studies, however they were significantly more ill than remitters following treatment.

MH4

ECONOMIC IMPACT OF TREATMENT OF DEMENTIA FOR GERMANY—A PROGNOSES TO 2050

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OBJECTIVE: To assess the development of costs for dementia in Germany until the year 2050 under different demographic scenarios and the possible impact of treatment interventions with AChE inhibitors from various perspectives.
METHODS: A model to estimate cost differences in dementia treatment with AChE inhibitors compared to a placebo scenario was developed. The model projects the number of dementia patients in Germany until 2050 under the assumption of extended life expectancy and immigration. Markov modeling allows to document the progression of dementia patients into more severe stages. Data of the population development were supplied by the Federal Bureau of Statistics and the German Institute for Economic Research. Number of patients were calculated from demographic prognoses considering prevalence of disease data from a published meta-analyses of the epidemiology of dementia. Data about transition probabilities between different disease stages were derived from a randomized clinical trial of an AChE inhibitor. Disease stage specific costs were taken from a cost of illness study previously published.
RESULTS: The number of dementia patients will increase from 1 million to 2.5 million over the next 50 years in Germany. With treatment there will be 30% less patients in the most severe, and hence most costly disease stage. Costs for treatment are offset by cost savings through a shift of patients to less severe disease stages, if indirect family and caring costs are included. Reduction of direct costs due to treatment increase from 0.5 to 1.5 billion Euro per year and indirect cost reductions are 4-fold these figures. For 2000 net savings of 1.4 billion Euro are demonstrated for the societal perspective. Results are stable for extensive sensitivity analysis.
CONCLUSION: Results document that the dimension of cost for care should make dementia a health policy priority. In an ageing society dementia treatment is also economically highly attractive.

DIABETES

DB1

THE VALUE OF MULTIPLE YEARS HISTORY IN IDENTIFYING COMORBID CONDITIONS IN A RETROSPECTIVE DATA ANALYSIS

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OBJECTIVE: To examine the extent to which length of observation affects appropriate identification of concomitant diagnoses.
METHODS: Study was conducted using IMS HEALTH's LifeLink™ database, a U.S. employer claims database consisting of more than 1.8 million covered lives, with linked medical and pharmacy claims for employees, dependents, and retirees from 1991 forward. All patients who had at least one claim for Type II diabetes between April 1, 2000 and September 30, 2000 were selected. Additionally, patients were required to be continuously eligible for the entire 36 months preceding their diagnosis to ensure complete data. All diagnoses recorded on medical claims in 6, 12, 24, and 36-month periods preceding the diabetes diagnosis were summarized at the 3-digit ICD-9-CM level. Each time period was cumulative, such that, patients in the 6-month period also were observed in the 12-, 24- and 36-month periods, and the number of patients identified with a comorbid condition accumulated across the periods.
RESULTS: 43,640 patients met the inclusion criteria. In comparing the percent of patients with comorbid conditions in a six-month observation period versus a 36-month observation period, the percent of patients with comorbid conditions increased dramatically. Large percentage increases between the 6-month to 36-month observation periods were found for numerous chronic comorbidities. For example, the percentage of type II diabetics with transient cerebral ischemia increased from 1.9% to 6.5% (243% increase). Other increases included: depressive disorder (228%), angina (227%), hypertensive